

**2015 APPLICATION FORM  
COMMERCIAL USE AUTHORIZATION  
U.S. DEPARTMENT OF THE INTERIOR**



**National Park Service  
Crater Lake National Park  
Attention: SUP/CUA Coordinator  
PO Box 7  
Crater Lake, OR 97604  
541-594-3052**

**For which year(s) is the Commercial Use Authorization (CUA) being requested?** \_\_\_\_\_

*Please type or print in ink. Answer all questions completely or mark "N/A" if not applicable*

**(1) Applicant (Legal Business Name)**

\_\_\_\_\_  
\_\_\_\_\_

**(2) What is your Business Type (Please check one below):**

**A.** ☐ Sole Proprietor

**B.** ☐ Corporation: (State: \_\_\_\_\_ Entity Number \_\_\_\_\_)

**C.** ☐ Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)

**D.** ☐ Partnership/Association. *Print the names of each partner. If there are more than two partners, please attach a complete list of their names.*

( Name \_\_\_\_\_ )

( Name \_\_\_\_\_ )

**E.** ☐ Other (Specify) \_\_\_\_\_

**(3) Mailing Addresses for Winter and Summer:**

**SUMMER CONTACT INFO** (Dates at this address \_\_\_\_\_)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Internet: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**WINTER CONTACT INFO** (Dates at this address \_\_\_\_\_)

If same as "Summer Contact Info", check here ☐ and go to number 4.

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Internet: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

- (4) **Employer's Identification Number:**

\_\_\_\_\_

- (5) **Provide the name(s) of the authorized agent(s) for this business.**

\_\_\_\_\_

- (6) (a) Are you employed with the National Park Service? ☐ Yes ☐ No.

If Yes, please complete below:

Title \_\_\_\_\_

Park / Office where employed \_\_\_\_\_

(b) Do you have a spouse or minor children employed with the National Park Service? ☐ Yes ☐ No

If Yes, please complete below:

Title \_\_\_\_\_

Park / Office where employed \_\_\_\_\_

- (7) **Expiration date of Business License:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

- (8) **Names of employees who will work under the authority of your CUA:**

<b>Names:</b>	<b>Titles or Position:</b> (e.g. Guide, Pilot, Boat Operator, Driver, etc)

- (9) Currently, or within the **past 5 years**, have you or any individual serving as an officer, principal, partner or employee with this business entity, **been convicted of, or forfeited, collateral for any violations of state, federal, or local law or regulation?** ☐ Yes ☐ No. **If "yes", please give a description of each violation. Attach additional sheets if necessary.**

Date of Violation: \_\_\_\_\_  
 Was this a conviction? \_\_\_\_\_ Was Collateral forfeited? \_\_\_\_\_  
 Name of Business or person(s) \_\_\_\_\_  
 Place of Violation? \_\_\_\_\_  
 Court Name \_\_\_\_\_  
 Provide Details? \_\_\_\_\_  
 \_\_\_\_\_

(Results) Action Taken by Court \_\_\_\_\_

- (10) **Within the past 5 years, have any of your current or proposed employees been convicted of, or forfeited, collateral for any state, federal, or local law or regulation; OR are they now under charges for any violation of state, federal or local law or regulation?**  
☐ Yes ☐ No.

**If "yes", please give a description of each violation. Attach additional sheets if necessary.**

*(\*Employees identified below may be precluded from working for the operator)*

Date of Violation: \_\_\_\_\_ Place of Violation: \_\_\_\_\_  
 Was this a conviction? \_\_\_\_\_ Was Collateral forfeited? \_\_\_\_\_  
 Name of Employees or Proposed Employees Involved \_\_\_\_\_  
 Place of Violation? \_\_\_\_\_  
 Court Name \_\_\_\_\_  
 Give Details? \_\_\_\_\_  
 Current Status \_\_\_\_\_

- (11) **Within the past 5 years, have any of your current or proposed employees been involved with a driving accident that resulted in injury or death?**  
☐ Yes ☐ No.

**If "yes", please give a description of each accident. Attach additional sheets if necessary.**

Date of accident: \_\_\_\_\_ Place of Accident: \_\_\_\_\_  
 Did accident result in a Fatality? ☐ Yes ☐ No \_  
 Did the victim(s) make a full recovery? ☐ Yes ☐ No  
 Name of Employees or Proposed Employees Involved \_\_\_\_\_  
 Was there litigation resulting from the accident?  
 Court Name \_\_\_\_\_  
 Give Details? \_\_\_\_\_  
 Current Status \_\_\_\_\_

**THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION:**

- 1. Operating Plan. At a minimum will include:**
  - Description of proposed services to be provided.
  - Trip Itineraries. ***For each trip*** -- a detailed itinerary showing the beginning and ending dates, beginning and ending points along with the route(s) you plan to take, including overnight locations. For backcountry trips, your proposed itinerary must be discussed with the staff at the park's Steel Information Center (541-594-3100) before submitting the application.
  - Season or main period of operation;
  - Who is your client base or audience; group size;
  - Does this service include the use of motorized equipment or stock animals?
  - Outline of environmental education information that will be provided to your clients.
  - Safety and/or sanitation precautions/procedures that apply to your service.
  - Resource protection measures, including Leave No Trace.
- 2. Identification for ALL trip leaders/guides who will be working under your permit:**
  - Copies of current resumes;
  - Description of your requirements for employment, staff training programs, etc.;
  - Copy of current CPR and First Aid or Wilderness First Responder cards.

Please--no copies of driver's licenses, social security cards, or passports.  
***You must notify us in writing of any staff changes during your operating season.***
- 3. Current brochure and advertising materials or information about advertising, i.e., websites, etc.**
- 4. Description of client charges and fees, and what the charges cover.** Attach rate sheet.
- 5. Certificate of Insurance meeting NPS permit requirements.** The U.S. Government must be included as the certificate holder and additional insured on the certificate as follows:

*U.S. Government, National Park Service  
Crater Lake National Park  
Attn: Concession Specialist  
PO Box 7  
Crater Lake, OR 97604*
- 6. Safety or Risk Management Plan.** This may include, but is not limited to, evacuation and emergency procedures, contact points, use of cellular or satellite phones, first aid equipment and training, etc.
- 7. Visitor's Acknowledgement of Risks form (blank form attached—Exhibit D).** The NPS does not allow use of a liability waiver form, insurance disclaimer, and/or indemnification agreement for park trips.
- 8. Please furnish your Tax Identification Number \_\_\_\_\_.** This is a requirement of the 1996 Debt Collection Act, and is required in order to issue your CUA.
- 9. A \$200.00 non-refundable application/administrative fee made out to "National Park Service".**

**Have you ever provided, or are you currently providing, commercial services under a license/permit issued by a state or federal land management agency?**

☐ Yes      ☐ No

**If Yes, please indicate the agency/agencies, location(s), dates, type of service offered, and all previous names used in these operations.**

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- (12) **Signature:** False, fictitious or fraudulent statements of representations made in this application may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All Information provided will be considered in reviewing this application. Authorized Agents must attach proof of authorization to sign below.

*By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.*

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Signature

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Date

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Printed Name

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Title